

**IMPORTANT NOTICE REGARDING THE HAWAII**  
**DENTAL HYGIENIST**  
**EXAMINATION**

The Dental Hygiene Licensure Examination is being administered on a military facility, and access to and use of such facility is subject to federal authority.

By submitting an application to the Department of Commerce & Consumer Affairs, the candidate acknowledges and agrees that the Dental Hygiene Licensure Examination may need to be postponed or cancelled without warning because of inaccessibility to the facility as determined by federal authorities.

**BY SUBMITTING AN APPLICATION, THE CANDIDATE FURTHER ACCEPTS COMPLETE RESPONSIBILITY FOR ALL COSTS AND EXPENSES INCURRED FROM SUCH POSTPONEMENT OR CANCELLATION.**

**Should you have any questions or concerns regarding this notice, please submit them in writing without delay to the Board of Dental Examiners.**

# REQUIREMENTS AND INSTRUCTIONS FOR EXAM & LICENSE - DENTAL HYGIENIST

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

## APPLICATION

Complete the attached application form. Type or print legibly in dark ink and sign application.

- **Failure to provide all the requested information will delay the processing of your application.**

## FEES

**Attach** check for \$230 (\$30 application fee\* + \$200 exam fee). Make check payable to: COMMERCE & CONSUMER AFFAIRS.

*\*Application fee is not refundable.*

Upon passing the exam, you will be notified of license fees due.

**NOTE:** One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 19, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

## DENTAL HYGIENE EDUCATION

Be a graduate of an accredited two-year American training school for dental hygienists. **Attach** a photostat or certified copy of your diploma or certificate of graduation.

## LOCAL ANESTHESIA CERTIFICATION

**Attach** documentary proof of your certification in the administration of intra-oral infiltration local anesthesia and block anesthesia. Documentary proof may consist of copies of course completion certificates, original letter from school or instructor verifying your certification or school transcripts with a course description attached.

Note: A separate application, fee and supporting documents are required if you wish **to administer** block anesthesia after passing the examination and becoming licensed as a dental hygienist. Contact this office for an application.

## NATIONAL BOARD EXAM

Pass the National Board Dental Hygiene Examination. **Arrange** to have the final report of the National Board Examination Data Score Card forwarded to the board or attach to license application. Contact the National Board at (312) 440-2678.

- There shall be a 5-year time limit of recognition of the National Board exam. Such time shall be computed from the date the National Board exam is taken to the first day of the state licensing exam.
- If the National Board exam is beyond the 5-year limitation, please make arrangements with the Joint Commission on National Dental Examinations to take the exam in ample time to have your new score card enclosed with the application for exam and licensure.

## FILING DEADLINE

Application for exam and all supporting documents must be filed at least 60 days before the exam date. Applicants are subject to requirements in effect at time of filing.

## ADDRESS

Mail all required items to:

Board of Dental Examiners  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801  
[www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

Deliver to office location at:

1010 Richards St., 1<sup>st</sup> Flr.  
Honolulu, HI 96813  
Phone: (808) 586-3000

## ADMISSION TO EXAM

Applicants who meet all of the foregoing requirements will be informed of admittance to the clinical practice examination.

## POSTPONE EXAM

Any applicant approved for exam shall inform the Board in writing, at least 5 weeks before the first exam date, of any changes in plans. Failure to give proper notification will result in forfeiture of fee paid.

## LAWS & RULES

A copy of the laws, Chapter 447, HRS, and rules, Chapter 79, HAR, relating to the practice of dental hygiene may be purchased by submitting a written request and \$2.00 to: Cashier, Commerce & Consumer Affairs, P.O. Box 541, Honolulu, HI 96809. Make check payable to COMMERCE & CONSUMER AFFAIRS. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act may be purchased separately for 75¢. (Price is subject to change without notice.)

The laws and rules are also posted on our website at: [www.hawaii.gov/dcca](http://www.hawaii.gov/dcca). Click on the specific board/program at no charge.

**ABANDONMENT  
OF APPLICATION**

Your application may be considered abandoned and may be destroyed, if, after 2 years, you fail to provide the Board evidence of your efforts to complete the licensure process.

**APPLICANTS WITH  
SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

**BIENNIAL RENEWAL**

All licenses, **regardless of issuance date**, are subject to renewal on or before December 31, of each ODD-NUMBERED year.

The failure to timely renew a license, including payment of fees and completion of the continuing education requirement, shall cause the license to be automatically forfeited. A license which has been forfeited may be restored within two (2) years after the date of forfeiture upon compliance with the licensing renewal requirements. After 2 years, a new application for Exam and License shall be required.

# APPLICATION FOR EXAM & LICENSE - DENTAL HYGIENIST

\_\_\_\_\_ DH School \_\_\_\_\_ Infiltration

\_\_\_\_\_ NB \_\_\_\_\_ Block

Read attached requirements and instructions before completing this form.

Legal Name (First-Middle)	(LAST)	License Effective	License No. DH-
Residence Address (Include apt. no. city, state & zip code)		FOR OFFICE USE ONLY	
Mailing Address ( <b>ONLY</b> if different from above)			
Other names used or known by:			
Social Security No.	Phone No. (days)		

Circle or underline answers; give details when required.

- 1) Are you at least 18 years of age? ..... YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... YES NO
- 3) Are you a graduate of at least a two-year U. S. accredited training school for dental hygiene?..... YES NO
- 4) Are you certified in the administration of intra-oral infiltration local anesthesia and block anesthesia? ..... YES NO
- 5) Have you taken and passed the National Board Dental Hygiene Examination within the past five years?..... YES NO
- 6) In the past 20 years, have you ever been convicted of a crime in which the conviction has not been annulled or expunged? ..... YES NO  
(If response "yes," explain on separate sheet.)
- 7) a. Has any license ever been suspended, revoked or otherwise subject to disciplinary action?..... YES NO  
b. Are there any disciplinary actions pending against you?..... YES NO  
(If response "yes," explain on separate sheet.)

Affidavit of Applicant:

I solemnly swear that the answers and statements contained in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (§710-1017, HRS). I also certify that I have read, understand, and agree to comply with the laws and rules that the Board determines are required for licensure.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

DT-06 0203R

App.....168 .....\$ 30  
Exam.....170 .....\$200  
Lic .....173 .....\$ 40  
CRF.....169 .....\$ 35/\$70  
1/2 Ren .....160 .....\$ 20  
Service fee .....BCF .....\$ 15